Case 19-31483	3-ABA Doc 124	Filed 10			06/20 14:30:03	Desc Main	
Unit	TED STATES BANKRUE DISTRICT OF NEW J		ir Paç	ge 1 of 2		OR PAYMENT OF ATIVE EXPENSE	
In re:		Chapter 11					
Edward J. Hovatter and Kimberl	y Macaluso Hovatter	Case Number	er: 19-314	83-ABA			
NOTE: This form should not be the case. In such instances, a pr			or to the c	ommencement of			
Name of Creditor: Cedar Design (The person or other entity to money or property.)		☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of					
Name and Addresses Where Not Cedar Design, LLC 3 South Grove Street Sicklerville, NJ 08081	ices Should Be Sent:	state Che rece banl Chec	ement giving particulars. ck box if you have never eived any notices from the kruptcy court in this case. ck box if the address differs n the address on the				
		enve		to you by the	THIS SPACE IS I	FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: n/a			Check here if this request: replaces a previously filed request, dated: amends a previously filed request, dated:				
1. BASIS FOR CLAIM Goods Sold Services performed Money loaned Personal injury/wrongful death Taxes Mother (Describe briefly) Basement repairs at 414 14th Street as condition of sale agreement			☐ Retiree benefits as defined in 11 U.S.C. §1114(a) ☐ Wages, salaries and compensations (Fill out below) Provide last four digits of your social security number				
2. DATE DEBT WAS INCURR	ED: March 10, 2020						
3. TOTAL AMOUNT OF REQ ☐ Check this box if the request interest or additional charges.		. ,		e principal amount	of the request. Attach i	temized statement of all	
 Secured Claim □ Check this box if your claim setoff). Brief Description of Collate □ Real Estate 	•		ht of				
☐ Other (Describe briefly							
Value of Collateral: \$							
Check this box if there is noCredits: The amount of all p making this request for payment	ayments have been credited	d and deducte	ed for the p	urposes of	THIS SPACE IS	For Court Use Only	
6. Supporting Documents : Atta invoices, itemized statements of of a lien.							
DO NOT SEND ORIGINA If the documents are volu			not availab	le, explain.			
7. Date-Stamped Copy : To received self-addressed envelope and cop		of the filing o	f your requ	est, enclose a			
Date:	or other person authoriz	nd print below the name and title, if any, of the creditor er person authorized to file this request (attach copy of					
10/6/2020	Turner N. Falk, Esq.						
					i e e e e e e e e e e e e e e e e e e e		

NOTE: The filing of this request will not result in the scheduling of a hearing to consider payment of your administrative claim but will result in the registry of your administrative claim with the Bankruptcy Court. If you wish to have a hearing scheduled on your claim, you must file a motion in accordance with D.N.J. LBR 3001-1(b).

rev.8/1/15

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Cedar Design, LLC.



3 South Grove Street DATE: March 10, 2020
Sicklerville, NJ 08081 INVOICE # 100
Phone 609.922.1530 Fax 609.704.8866 FOR: Basement

Bill To:

Ed's in-law's basement

414 14th street Hammonton

DESCRIPTION	AMOUNT	
Tile material, wet bed, labor	\$ 2,650.00	
Paint and trim basement labor 8 days	2,400.00	
Universal trim package	2,480.24	
set toilet, hook up shower, install shower head and diverter & install beauty ring	725.00	
purchase duct work, exhaust fan light combo for bath	295.00	
install combo fan light, vent duct work	475.00	
plumbing pit,	650.00	
final electric		
istall 28 devices-switches/receptcls, and 4 keyless lights in mechanic rooms		
install ceiling lights in grid, recessed light fixtures in bath		
install 4 gfi's	3,150.00	
Add 3 smoke/ carbon detectors, connect to existing		
P & O @ 14% 2166.00	2,166.00	
TOTAL	\$ 14,991.24	

Make all checks payable to **Cedar Design, LLC**If you have any questions concerning this invoice, contact Ken Nelson